PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classi properi supplied. may certificate. 80 90 back terms pinous Instructions plai = DEATH See o OF mportant. ы CAUSI

### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Ilt death occurred la .....Ward) a hospital or institution. give its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED, (Day ORDIVORCED I HEREBY CERTIFY, Ibat I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 8 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (e) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ..... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death? usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Dalto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL poritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of



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DEATH

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Information

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Item 10 Every Item CAUSE OF Important.

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RECORD

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### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in -Ward) a hospital or institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE, DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) attended deceased from DATE OF BIRTH outh) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day .....hrs. The CAUSE OF DEATH\* was as follows: 8 OCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which amployed (or employer) ----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country)

ı	OR RECENT RESIDENTS				
J	At place	In the			
1	of death yrs mos ds.	State	yrs.	mos.	d
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If not at place of death?

Former or usual residenca

18	PLACE	OF	BURIAL	OR	REMOVAL	
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ADDRESS

DATE OF BURIAL

0,1915

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

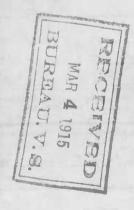


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, mine, etc. "Manager," "Dcaler," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. . State cause for childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," thonia," "Anacmia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig- .. oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," Never report



Co	unty labor (12
VIII	lage or City Bollevie (No.
1	PERSONAL AND STATISTICAL PARTICULARS
351	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR DIVORCED OF ALLIE (Write the word)
S D	(Month) (Day (Year)
7 A	GE  64 yrs 2 mos ds OR min.?
7 (a) pai year year year whi	OCCUPATION  Trade, protession, or ricular kind of work.  General nature of Industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 Mary Carrol Country  15 MAIDEN NAME OF MOTHER OF MOTHER (State or country)
	(Intornant) Jessie Green  (Address) Bellevie Md
FII	el 7lb.26, 191 5 - Mary n. Deur

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 29/

St.;Ward)	[if death occurred in a hospital or institution,		
cc.	give its NAME Instead of street and number.]		

	MEDICA	AL CERTIF	CATE O	F DEATH	
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and that dea	th occurre	d on the da	te stated	above, at	8,300
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18 LENGTH	OF RESIDE	NCE FOR H	OSPITALS	INSTITUTION	S, TRANSIENT
OR HECEN	RESIDENT	в)			o, TRANSIERI
At place			In the		
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It not at place	or death?	000000000000000000000000000000000000000	***********	å	**************
Former or					
usual residence	*****************	7 ********************		0.0000000000000000000000000000000000000	**************
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40)	4	1-6		The	Sa., 1910
20 UNDERT	ANER		1	ADDRESS	

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feèrer (the only definite synonym is "Epidemic cerebrospinal new citis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonacum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cangenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. childbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. turc of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probabby The contributory Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for Never report



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward	(h	Fit
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mper	3	of st
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death occurred in pital or institution. te NAME Inches

Camper of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 2 Solvy (Day) (Year)
17   HEREBY CERTIFY, That   attended deceased from , 191, 191, 191,
that I last saw h alive on Fig. 8 , 191 N.
and that death occurred on the date stated above, at
The CAUSE OF DEATH * WB6 as follows:
Still-Birth
Contributory Secondary
(Signed) Service (Oursilen) yrs. mos. ds.  (Signed) Service Causing Dearl or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place In the of death yrs. mes. de. Stata, yrs. mos. ds. Where was disease contrasted, If not at place of death?
Former or usual realdence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
A at home July 8, 1915 -
20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

2435

(Year)

If LESS than

1 day, hrs. mla.?

1



COPY SENT TO LOCAL REGISTRAR No. 291 DATE 5-14-15

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. employed, as At school or At home. Care should be who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm luborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. "Foreman," "Manager," "Dealer," etc., without more especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part If the occupation has been changed If retired from The question (b) Auto-

time and causation), using always the same accepted term for the same disease. Examples: Cerebrospind fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Crour")). CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pncumonit"; Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia ("Pneumonia,

> on Nomen lature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal schlichaemio," ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephritis, cte. Struck to determine definitely. "PUERPERAL peritonitis," etc. cause. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heort disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver Examples: Accidental drowning; State cause for which Never report mere mound

Cif this vertificate is looked over thoroughly and all questions. An it the data is essential and must be obtained before the perificate is permanently filed.



S. No. 1.

N. B.-

lied. AGE should be stated EXACTLY. PHYSICIANS should state be properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, s important. See instructions on back of

County.

1 PLACE OF DEATH

2434

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

21.	
St.:Ward)	

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

**2FULL NAME** 

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
TAGE Por Strand (Month) (Day (Year)  7 AGE Por Strand 1 day,hrs.  yrs	that I last saw here the date stated above, st
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
10 NAME OF A W STATE OF FATHER OF MOTHER OTHER OF MOTHER OTHER OTHER OTHER OTHER OTHER OTHER OTH	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted, it not at place of death?  Former or usual residence.
(Address)	Date of Burial OR REMOVAL  Lewistown Md. 2/27, 1915.  20 UNDERTAKER  Mm Dobson  Cordora Md

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an been changed or given up on account of the disease who receive a definite salary), may be entered as statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," (6)

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cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the etc. The contributory (secondary or intercurrent) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1915 BUREAU. V.S.

V. S. No. 1.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.-Every Item CAUSE OF

2435 CTATE OF MADVIAND

PEAGE OF DEATH	STATE OF MARILAND
County Jalbots (119	CERTIFICATE OF DEATH
A+m. I le	Registration Dist. No. 29/
Village or City (No,	St.; Ward) a hospital or Institution,
	give its NAME instead of street and nomber.]
FULL NAME Sauces	Lejoll
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH To brugsy 22, 19125 (Month) (Day (Year)
B DATE OF BIRTH	17   HEREBY CERTIFY That I attended deceased from
	1916, to JEb 22 1916.
(Month) (Day (Year)	that I last saw h www alive on OEb 2/3 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 4.5 A.m.
90 yrs 1 mos 1 day,	The CAUSE OF DEATH* was as follows:
9 OCCUPATION	993040040000000000000000000000000000000
(a) Trade, profession, or	f f g f
particular kind of work  (b) General nature of Industry,	Meute Mejaneles
business, or establishment in //	(Duration) yrs mas, ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
Maryland	(Auration) yrs mos ds.
10 NAME OF FATHER	(Signed) JITSTOCK N. D.
11 BIRTHPLACE OF FATHER (State or country) England	Feb 22, 1915 (Address) St. Michaels mo.
(State or country) Ougland  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
anna simple on	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mulcuown	At place of death yrs, mos, ds. State yrs, mos, ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) forsefels We Dyoll	Former or usual residence.
(Address) It Michaels. Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	St michaelo Heb 24, 1915
Filed Hebs 23, 1915 John Howales Local REGISTRAR	O. P. Shanko Simchaile

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as cte, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ete. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report of



PLACE	OF DEATH		2436	STATE OF CERTIFICATE	MARYLAND E OF DEATH
County	d -		(0)		stered No. 290
Village or City	Coston AME Stenn	-3	~	St; v	Vard)  [It death occurred a hospital or institution give its NAME Instead of street and number.]
PERSONAL	AND STATISTICAL PAR	TICULARS		MEDICAL CERTIFICAT	E OF DEATH
S DATE OF BIRTH	OLOR OR RACE SENGLI MERRY WITH WITH WITH WITH WITH WITH WITH WITH		16 DATE OF DE	(Mont	
<b>\$9,500</b> 0 ha	(Month)	2 , 1913 (Day) (Year)	that I last saw I	is alive on 7	0
7 AGE	'yrs. 3 mos. 2	If LESS than 1 day, hrs. OR min.?	II .	DEATH * was as follow	ated above, at 6.36 P m
8 OCCUPATION (a) Trade, profession, or particular kind of work	Chila				
(b) General nature of Indu business, or establishmen which employed (or employ		••••	-		0 yrs. 0 mos. / 0 ds
9 BIRTHPLACE (State or country)	Tallot	G	Contributory (Secondary)		yrs. mos ds
10 NAME OF CH	Exander For	untain	10	nes Brem	or 3rd , N. D.
11 BIRTHPLACE OF FATHER (State or count) 22 MAIDEN NAM OF MOTHER	VVIII T	outen.		1915. (Address) C.	or, in deaths from VIOLENT and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or countr	Unnam.	1 G	At place of death yrs.	In to ds. Sta	ALS. INSTITUTIONS, TRANSIENTS, he le yrs, mos, ds.
(loformant) Mrs	~ 1 10.	Lange Camp	Where was disease It not at place of dea Former or usual residence	ath?	
(2001,000)	ester my	<b>,</b>	19 PLACE OF BI	URIAL OR REMOVAL	DATE OF BURIAL
Filed Feb 3rd	1915 - J. B. Fair	vulle REGISTRAR	20 UNDERTAKE	o She	ADDRESS
O If more	lanks are needed, addres	es State Registrar,	k. Franklin St., Ba	ilto., Requesting V. S. No	0. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease mine, etc. statement. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) ceru: (a) Foreman, (b) Automobile factory. The If retired from husiness, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-lossis of lungs, meninges, peritonaeum, etc., Carcin-

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	9 5	1 PLACE OF DEATH
	state very	Tollat
	should si NOI	County Saw B1
6		Village or City Mar Loppe Intost
PECOPO	PHYSICIANS of OCCUPAT	FULL NAME Elizabeth G.
٠Ŀ	44	PERSONAL AND STATISTICAL PARTICULARS
DERMANENT	EXACTLY.	Jemale White Single, Married, Widowson, Ornivorced (Write the word)
F	ated Exact	B DATE OF BIRTH
4		(Month) (Day
U.	nould be s	7 AGE (Month) (Day (
S.	should ly class	yrs / mos. 2/ ds. or
UNFADING INK-THIS IS	ied. AGE s	8 OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry.
C	supplied. may be te.	business, or establishment in which employed (or employer)
FADI	ully su t it m fficate.	9 BIRTHPLACE (State or country)
	0 -	10 NAME OF FATHER Motter 2 Garden
WITH	uld b	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER
NLY	ion sho plain te lons on	M 12 MAIDEN NAME OF MOTHER Bettie Carlling
PLAI	of information should DEATH in plain term: See instructions on bac	13 BIRTHPLACE OF MOTHER (State or country) Lalboh led
WRITE PLAINLY.		4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miller Sx Gardner
	305	(Address) Trappa mid
	CAUSE Importa	16 March , and - 1 19 Frishouse

1 PLACE OF DEATH

	24	3'8	
10	0	7	
	7/		
-	-		

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	ŧ.	,	W	a	rd	1

[if death occurred la a hospital or institution, give its NAME instead of street and number.]

A	
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
color or race Single, Married, Wilowed, Orbite (Write the word)	16 DATE OF DEATH 28 ,1913 (Month) (Day (Year)
Once   (write the word)	17 HEREBY CERTIFY, That I attended deceased from
Janes 7 1915-	191, 191, 19
(Month) (Day (Year)	that I last saw has alive on Feb 28th, 1916.
If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 1150 0m.
yrs mos ds.   ORmin. ?	The CAUSE OF DEATH: was as follows:
At Home	
ustry, nt in	6
yer)	Contributory Cestheria . Intorrection from
Talbot les	Secondary  Cury ingueline (Duration) yrs mos 3 ds.
2 2 2 6	(Signed)
alter J. Fardner	Mich 12, 1910, (Address) Buttery and
outry) Lalbot los	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
Buil on	TAE, SUICIDAE, OF HUMICIDAE.
Wetter Collins	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
untry) Lalboh (a)	At place In the of death yrs mos ds. State yrs mos ds
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
ller Ix Gardner	Former or
Trappe md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
L 100-10	Easton 2nd 3/2/18 191
1916 - 18. Jacobule	20 UNDERTAKER ADDRESS
Trell REGISTRAR	James & Spine Touton Ind
If more blanks are needed, address State Begis	rar, 6 E. Franklin St., Boto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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state Very 100 pinous OCCUPATION PHYSICIANS RECORD ō statement PERMANENT classified. T THIS properly Z pe that it may certificate. 0 back piain Instructions ۳ I DEAT Sec OF Importan ш Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 293. lit death occurred in St .....Ward) a hospital or institution. give its NAME Instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH COLOR OF RACE MARRIED. WIDOWED /Karned ORDIVERCED (Write the word) (Months (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) TAGE if LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. KNOWLEDGE if not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 39 ON DERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm taborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease who receive a definite salary), may be entered as who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mitl; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8 1915 BURBAU, V.S. PERMANENT

PHYSICIANS should state of OCCUPATION is very Exact statement stated EXACTLY. carefully supplied. AGE should be sto that it may be properly classified. I certificate. See Instructions on back of Every item of information should be CAUSE OF DEATH in plain terms, s

County...

WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B.

Important.

	2459
PLACE OF DEATH	36
Jallot	189)
	(O)

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 270
	St.; Ward)  [It death occurred to a hospital or Institution, give its NAME instead of street and number.]
FULL NAME LASTON DURGON	a Jaracas Cle
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
male white Single, MARRIED, Monded  Whate wipower, Married  Wipower, Married  Wipower, Married  Wipower, Married  (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
G DATE OF BIRTH  July 6 1836,  (Month) (Day (Year)	that I last saw has alive on The Total 1, 1912
7 AGE  1 If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 3245 Pg. m The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or Return farmer of book keep	
(b) General nature of industry, business, or establishment in Easton Nat. 75 and	(Duration) yrs mos 3 ds.
9 BIRTHPLACE (State or country) Denton, Ind	Contributory Oald aga
10 NAME OF FATHER Edward B. Hardcastle	(Signed) (Sugned) (Su
11 BIRTHPLACE OF FATHER (State or country) Denton, Mel	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER MANIAMAN TO MANAGE TO THE MANAGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Delaware	OF RECENT RESIDENTS)  At place in the ot death yrs mos ds  Where was disease contracted.
(Informant) Mars . A . To . Transcartle	if not at place ot death?  Former or  usual residence
(Address) Easton 1 Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Leb. 10th 1915 & B. Faribank	20 UNDERTAKER ADDRESS
Isral REGISTRAR	James a Spina Easton and

If more blanks are needed, address State Degistrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease who receive a definite salary), may be entered as For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, moninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. miu," "Puerreral peritonilis," etc. State cause for childbirth or miscarriage as "Puerpenal seplichaectc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1915 BURHAU, V. S. UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION Is very Every Item of information should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement Important. See Instructions on back of certificate.

RECORD

24411 PLACE OF DEATH
Jalbol

### STATE OF MARYLAND CERTIFICATE OF DEATH

M. D.	Registration Dist. No. 294
Village or City Villyhman (No	St.; Ward)  St.; Ward)  Jarrison  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Finale Thite Single, MARRIEO, WIDOWED, OR ONVORCEO (Write the word)  8 DATE OF BIRTH  (Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  19 10 11 11 11 11 11 11 11 11 11 11 11 11
78 yrs 10 mas 28 ds or min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work	Cordiae AsThema
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) - yrs - mos to ds.
OF FATHER  SHIRTHPLACE (State or country)  Popular Deland  Pop	(Signed) S. Klennedy Milson, M. D.  Jan. 5-1, 1915 (Address) July home Mel
OF FATHER (State or country) or with 12 MAIDEN NAME OF MOTHER Susan horth	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  2 al 6 th Co	At place in the of death yrs mos ds. State yrs mos ds
(Interment). Mrs, may 6. Sincleur  (Address). Delphonen - Touk	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIALOR REMOVAL DATE OF BURIAL
Flied 784 9, 1910 F. Juckson Straf REGISTRAR	20 UN DERTAKER ADDRESS ADDRESS Shackal
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N.B.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Mcdical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ctc., when a defiuite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



RECORD

PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

### V. S. No. 1.

N

1 PLACE OF DEATH  County Talbot	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Telephonan (No.	Registration Dist. No
2FULL NAME Filliam Alf	nd Hunter of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 796 , 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	786, 4 th 191 to once vat 1915
(Month) (Day (Year)	that I last saw h wie allve on 726. 4 La 5°P. 22, 1915
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 6-30 Q-m,
26 yrs 5 mos /8 ds 0 min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	(many convulsions & Come)
(b) General nature of industry, " Minstrul Show" business, or establishment in	acute attack (Duration) - yrs 36 hours
which employed (or employer)  9 BIRTHPLACE (State or country)	Secondary Theotory fries to 726-44
10 NAME OF Brogs Henter	(Signed) (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name C OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Since Cottman	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cootracted, It not at place of death?
(Interment) - Delahma - mot	USUAL residence
15 (Address)	Mayourd Feb 7, 1915
Filed TEL J. 1915 T. Hellsav	26 UNDERTAKER SALES ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers additional live is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease. Examples: Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio



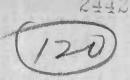
RECORD

A PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

### S. No. 1.

1	PL	A	CE	OF	D	EA	TH
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

-St.;----Ward)

[If death occurred is a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDDWED, OR DIVDRED (Write the word)	16 DATE OF DEATH JEL 2 , 191.5  (Month) (Day (Year)  17 1 bereby Certify, That I attended deceased from
DATE OF BIRTH	1 5 2 2 w
(Month) (Day (Year)	that I last saw her alive on Teb 2 2 1915
AGE if LESS than	and that desth occurred on the date stated above, at 7 , m
5-9 yrs 7 mos /7 ds OR min.?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work	Chronic Partietes
(b) General nature of Industry, business, or establishment in	\ (Duration)\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
which employed (or employer)	
(State or country) Maruland	Secondary (Duration) yrs mos ds
10 NAME OF FATHER Some & Metchell  11 BIRTHPLACE	(Signed) Jet 1401, 5, M. D.  JEL 3-, 1913 (Address & Michael
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL
Liesum (o " curo ava	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Wicquim	At place in the of death yrs, mos. ds. State yrs, mos, ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Caroard L. Hones	Former or Usual residence
(Address) St. Michaels Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb 3, 1915 John Hwwales	20 UNDERTAGE ADDRESS
To ocal REGISTRAR	istrar, 6 E. Franklin St. Baito., Requesting V. S. No. 1.

B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopncumonia brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal tlme and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report 0f

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



should stone PHYSICIANS shou RECORD statement PERMANENT classified. . AGE should properly class INK pe UNFADING may certificate. 50 back terms. pinods Instructions plai of Information C P DEATH See Item HO Important. М

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state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... [If death occurred la .Ward) a hospital or institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) (Day (Year) Y. That, I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than 1 day .....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) <sup>9</sup>BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OFFATHER (State or country \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs. Where was disease contracted. KNOWLEDGE It not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) .. 15 20 UNDEBTAKER REGISTRAP

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Fublic Health Association.]

CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, c. g., Farmer or Planler, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In a method with respect to the primary affection with respect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhold pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstilial nephrilis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from nns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatie), "Atrophy," "Contributory." injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal seplichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection uced not be stated unless important. ture of the American Medicai Association.) eanse of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Measles (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



Y. S. No. 1.

	PLACE OF DEATH	A STATE OF THE PARTY OF THE PAR
C	ounty Talbot	13
٧	fillage or City Gaston (N	o,
	FULL NAME Emma	Mas
_	PERSONAL AND STATISTICAL PARTICULA	RS
7	I MAKRIEU.	edow
6 D	ATE OF BIRTH	
	(Month) (Day)	, 1833 (Year)
7 A		if LESS than
	8/ yrs. 9 mos. 26 ds.	ORmin.?
(2	OCCUPATION ) Frade, profession, or Lived with rticular kind of work	0 
bus	General nature of industry, some Geo. Giness, or establishment in ich employed (or employar)	Mosor
9 B (S	HATHPLACE (tate or country) Balto Country	mid
	10 NAME OF John B. Woodle	1
ENTS	OF FATHER (State or country) Kent County	- md
PARE	of Mother Casandra D.	ivers
	13 BIRTHPLACE OF MOTHER (State or country) Balto. Co. 7	nd
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWL	(Son)
	(Informant) Easton Md	
16 Fil	100 Feb 26 1915 J. B. Fairba	uk
	// ** 4 . //	REGISTRAR

PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

St.; Ward)	[If death occurred to a hospital or institution
	give its NAME lostead of street and oumber.]

MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Feb.	25	, 1915
	(Month)	(Day)	(Year)
	BY CERTIFY, That		
DEC. 19	191 /, to J	1 25	1915,
that I last saw h			
and that death occurred	on the date state	d above at	5 P. m.
The CAUSE OF DEATH			
- 1			
1011	age .		
			***********
		· · · · · · · · · · · · · · · · · · ·	************
	(Duration)	vre ma	e de
	······	IWU	ouo.
(Secondary)			************
	(0		
(Signed) William	(Deration)	yrsmo	ısds.
(Signed) Welleau	y. Hace	mond	, M. D.
Fel 26, 1915	(Address) <u>Ea</u>	stoy 9	nd,
*State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, OF HOME	CAUSING DEATH, OF ANS OF INJURY; AI LICIDAL.	in deaths from (2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDE	NCE (FOR HOSPITALS	, INSTITUTIONS, T	RANSIENTS,
OR RECENT RESIDENTS)	in the		
of death yrs mos		yrs, mo	ns ds.
Where was disease contracted, if not at place of death?		.,	
Former or		4	
usual residence	**************		
Balting	R REMOVAL	Jate of Bu	7 1915
20 UNDERTAKER	1.4	ADDRESS	101
chas. L.	Fram the	Easter	Ma

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Putereral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

Item of Information should

CAUSE OF important.

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(Address)....

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate. DEATH in plain terms, so

RECORD

PERMANENT

1 PLACE OF DEATH Jalosh



### STATE OF MARYLAND CERTIFICATE OF DEATH

DATE OF BURIAL

ADDRESS

m.	Registration Dist. No.
Village or City Village (No. 1900).  2FULL NAME Celia M.	St.;—Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Black Single, MARRIEO, Wildows OR DIVORCED (Write the Word)  6 DATE OF BIRTH MARNON (Wood of Write the Word)  7 AGE By mount palicy it LESS that 1 day, hrs (S) yrs mos os or min.?	
(b) General nature of Industry, business, or establishment in which employed (or employer)	Gontributory Pertnasis & Bronelutos
9 BIRTHPLACE (State or country)  Salbot Co	Secondary
OF FATHER OF GAMES,  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTHE	(Signed) S. C. Color (Signed) S. C.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs mos ds. State yrs mos ds  Where was disease contracted, if not at place of death?
(Informant) That Cosh	Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



RECORD

PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

CAUSE OF

N. B.

	PLACE OF DEATH
County	Jalbot
Village	or City Caston



### STATE OF MARYLAND CERTIFICATE OF DEATH

County Salvor	Registration Dist. No. 290
Village or City Easton (No	St.; Ward)  [If death occurred to a hospital or Institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
The White Single, Widow (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	Tele 1, 1915, to Tel 22, 1915, that I last saw him allve on Lel 22, 1915
TAGE  If LESS than t day, hrs. or mos. ds. or mio.?  Soccupation (a) Trade, profession, or particular kind of work.  (b) General nature of industry.	and that death occurred on the date stated above, at #32m, The CAUSE OF DEATH* was as follows:  Mital Sugarga taran  Suran years
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland	Contributory (Secondary)
OF FATHER MEACE  OF FATHER MEACE  (State or country)  MANY CONTROL OF MOTHER  OF MOTHER  DON'T KNOW	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  Many land	At place In the of death yrs mos ds. Stafe yrs mos ds.
(Address) Easton Md  (Address) Easton Md  Filed Feb 25th, 1913- J. B. Fairburk  REGISTRAR	Where was disease confracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Cashero  20 UNDERTAKER  Chas L. Traunfilm  ADDRESS  Chas L. Traunfilm  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

AGE

carefully supplied.

should be

N. B.—Every item of information CAUSE OF DEATH in piai

Important.

DEATH in plain terms, so that it may be See instructions on back of certificate.

RECORD

A PERMANENT stated EXACTLY.

1	PLA	CE	OF	DEA	TH

County Talboh me



### STATE OF MARYLAND CERTIFICATE OF DEATH

ist. No
(d) [It death occurred a hospital or institution give its NAME Instead of street and number

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale While MARKED OR HACE MARKED W downed	16 DATE OF DEATH  All 14 , 1915  (Month) (Day (Year)
agnivosord (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	
Febr 13 1995	, 191, 10
Month) (Day (Year)	that I last saw h alive on, 191
AGE It LESS than	and that death occurred on the date stated above, at 7 fm.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
dsdsdsdsor.	
OCCUPATION	Isaw the body about 25m
(a) Trade, profession, or 24	after death, the deed very
particular kind of work House coord-	Juddenly presumably
(b) General nature of Industry, business, or establishment in 31.	from heart fairless
business, or establishment in House Respectively which employed (or employer)	John rean failure (Duration) yrs mos ds.
BIRTHPLACE	Contributory Narolen of arlence
(State or country) Talket 60	Secondary
10 NAME OF	(Duration) vrs mos ds.
FATHER	(Signed) Daniel C. Jukker M. D.
0 11	Flat 15th, 1915 (Address) Royal Oak ma
11 BIRTHPLACE OF FATHER (State or country) Jaevah Co	
(State or country) Salvat Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- Has	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	At place In the
(State or country) Jalon	ot death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Unformant Fr. F. aveler	It not at place of death?
(Informant) Fr. O'. College	Former or usual residence.
Royal Oak Snel	
(AUDIOSS)	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 M / 1/1	Mary mo TEO 19, 1915
Filed the 18 1915 Howales	20 ONDER AKER
Leocal REGISTRAR	10 Coarks At Michael
If more blanks are needed address State Poris	Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specibeen changed or given up on account of the disease statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Fyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State eause for childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. etc, when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

PLACE OF DEATH County all M.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 293,
Village or City (No. 1)  2 FULL NAME James, Purce	St; Ward)  [It death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, METRUS  WIDDWED, DROIVORCED (Write the word)  8 DATE OF BIRTH  18 471	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  HEREBY CERTIFY, That I attended deceased from the control of the
(Month) (Day) (Year)  7 AGE    If LESS than   1 day,hrs.   ORmln. ?	and that death occurred on the date stated above, at 11.7 m, The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) / allow Cu. Indeed.	Contributory (Secondary)  Contributory  Cont
10 NAME OF FATHER Wasley, Persee  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Assume Terror  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds  Where was disease contracted, If not at place of death?  Former or  "usual residence.
Filed Fel. 3 ,1915. J. L. Gardner  If more blanks are needed, address State Registrar, 6 E	Description of Principal Date of Burial 2/4, 1915- 20 UNDERTAKER ADDRESS ADDRESS HER STATEMENT HIBSTONS,

[Approved by L. S. Census and American Public Hsaith
Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home; and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the nisease causing praction with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cereurospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septichaeture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atropby." mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 "Exhaustion," Never report Examples: For vio-



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0	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o important. See instructions on back of certificate.	6
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MARG	ILY, W	ain term	
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5	WRITE	oF DEA	1
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V. S. No. 1.		N. B. –	_

	2449
PLACE OF DEATH  County Salbot	STATE OF MARYLAND CERTIFICATE OF DEATH
C	Registration Dist, No. 2 10
Village or City Paston James (No Mass.) 2 FULL NAME Thomas History	Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, Married, Moned wildowed, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH  Suly 25 , 1874	HEREBY CERTIFY, That I attended deceased from 1915, to 1863, 196, that I last saw here alive on 1967
7 AGE (Month) (Day (Year)  11 LESS than 1 day,hrs. OR. min.?	and that death occurred on the date stated above, at 3.10. Ac, m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Constant left 1 4 Color of Col
State or country) England	Secondary (Duration) 8 yrs mos ds
10 NAME OF SENKINOW	(Signed) (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) England	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Control of the Con
V OF MOTHER ANDROY	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE
13 BIRTHPLACE OF MOTHER (State or country) Burgland	At place in the of death yrs mos ds. State yrs mos ds
(Informant) Hary B Brownings	Where was disease contracted, If not at place of death?  Former or usual residence
15 Filed Feb. 4th 1915 I. B. Fairbacel	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  2/4/15 191  20 UNDERTAKER  ADDRESS
Frea REGISTRAR	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



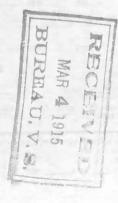


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is uee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been ehanged or given up on aecount of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborerfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cer" nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenela. "Coutributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State eause for

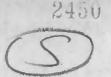


#### V. S. No. 1.

#### RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF I N. B.

1 PLACE OF DEATH



#### STATE OF MARYLAND

ADDRESS/

County Calant	CERTIFICATE OF DEATH
Village or City Lelphnan (No	Registration Dist. No
2FULL NAME Infant.	Still Com give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Phile Single, Married, Widowed, Orbite the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on ,191,
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Still born
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Talbol Co	Gentributory Secondary (Burntler) was Too do
10 NAME OF CLOSE G. Ranner	(Signed) (Signed) (Signed) (Signed) (M. D.
11 BIRTHPLACE OF FATHER (State or country) Queen Con  12 MAIDEN NAME OF MOTHER Amelia Francis hiblett	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Amelia Francis hiblett	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE St. micharlash (State or country) Talast Co	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Informant)  (Address). Jelyhuan Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Silghman Mig trh 9, 1915'

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illstatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichue ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of



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PLACE OF DEATH

1915



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Badi	stored	No	

ADDRESS

a hospifal or Institution. give its NAME lasfead

If death occurred lo St:....Ward) of street and number. 1 2 FULL NAME MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF S SINGLE, SEX 191. MARRIED. WIDOWED, (Month) (Year) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, st. 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment la which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE L (State of country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENш 0 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Stafe Where was disease contracted. If not af place of death?-Former or usual residence. DATE OF BURIAL (Address) 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

SICIANS should occuPATION IS PHYSICIANS RECORD PERMANENT classified. 4 **INK-THIS** supplied. UNFADING certificate. 0 0 WITH terms. 0 plain Instructions = DEATH WRITE 50 OF mportant. Every It 00

state Very



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Pueepeeal scotichae-"Contributory." dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., oI . The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 Examples: For VIO-



S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

AGE

N. B.—Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be in important. See instructions on back of certificate.

RECORD

	E OF DEATH
County Jan	loop
Village or City.	50 /
Village or City.	Cash
²FUL	L NAME /E
PERSO	NAL AND STATE
3 SEX	4 COLOR OR RA
Finale	White
DATE OF BIRTH	
	1
	(Mor
<sup>7</sup> AGE	Jan

2452

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No
		FIE do at a sec

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Rosalie Manning	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Monich) (Day (Year)  17 I HEREBY CERTIFY That I attended deceased from
6 DATE OF BIRTH  (Mogth)  (Day  (Year)	that I last saw her alive on feel gth 1915
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at the m, The CAUSE OF DEATH* was as follows:  The cause of
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	but and herelitory
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Securitive Secondary Secondary
on 11 BIRTHPLACE	(Signed) , M. D.
OF FATHER (State or country) Justin Arme Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Eastern Minds  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) 200 G S 200 Company	If not at place of death?  Former or usual residence.
(Address) Caston Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb 10 th, 1915 J. D. Faulanto Excul REGISTRAR	OUNDERTAKER ADDRESS
	strar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Fublic Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cangenital," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for ehildbirth or miscarriage as "Puerperal septichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopneumonia (seeondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations ou statement of



." PLACE OF DEATH

County Fallot	CERTIFICATE OF DEATH
	Registration Dist. No. 29
Village or City I Suichaels (No. 2 FULL NAME Sa Muselia	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruele Hack Single, MARRIED, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH TOURS 24, 1915  (Month) (Day), (Year)  17 J. HEREBY CERTIFY, That fattended deceased from 24, 1915, to 26, 1915
(Month) (Day) , 1913	that I last saw he alive on Jeb 24, 1916,
7 AGE   if LESS than 1 day, 5 hrs.   OR min. ?	and that death occurred on the date stated above, at OAm.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work  Tone	Tremature buth
(b) General nature of Industry business, or establishment in which employed (or employer)	(Duretion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Fallor County	Contributory Secondary
10 NAME OF Carrol Jurues	(Signed) (Signed) ye mas ds.
Z OF FATHER (State or country) Mary land	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homeidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place In the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deeth yrs. mos. ds. State, yrs. mos. ds.  Where was disease contracted, if not at place of deeth?
(Address) St. Mieliaels	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Schulhaell Heb 25, 1915
Filed Fieb 24, 191 5 John Hewarder Bocal REGISTRAR	20 underraner the Feather Address Carrol Levenes Li Michaels and
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND





[Approved by U. S. Census and American Public Health Association.]

precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulemployed, as At sehool or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None. Housemail, etc. Statement of Occupation-Precise statement of occupa--Coal minc, etc. Women at home, who are engaged in the second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonio, Bronchopneumonia ("Pneumonia," nenin-unqualified, is indefinite); Tubereulosis of lungs, menin-

cough; Chronie valvular huart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of: rent) affection need not be stated unless important nephritis, etc. (name origin; "Cancer" is less definite; avoid use of surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Urarmia," "Weakness," genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-SUICIDAL, OF HOMICIDAL, OF As probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of "Coma," (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," earbolic acid-probably Never report mere "Atrophy," "Col-ACCIDENTAL, ("Con-



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PERMANENT classified. THIS properly INK supplied. UNFADING may that 0 back plain Instructions 5 DEAT WRITE POF Important. Every Ite

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should ION Is

OCCUPATION

of

PHYSICIANS

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and nomber.1 PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? mos. BOCCUPATION (a) Trade, profession, or Darticular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted. O THE BEST OF MY KNOWLEDGE If not at place of death? usual residence DATE OF BURIAL (Address 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regisfrar, 6 E. Franklin St., Balto/Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mitl; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only defaulte synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobat pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cannant neoplasms); Meastes; Whooping cough; Chronie merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitiat nephritis, thenia," "Anaemia" (sucrely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nudertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify ail diseases resulting from etc., when a defiuite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcuital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medleai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis iess definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



RECORD

PERMANENT

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-

#### 1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Colley (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME Premalere	3 months Wright of orest and nombot.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, OR ON	16 DATE OF DEATH  (Month)  (Day  (Year)
DATE OF BIRTH  Tot 7  (Month) (Day (Year)	that I last saw halive on
7 AGE   It LESS than 1 day,hrs.   ds.   ORmin. ?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession, er particular kind of work	Contributory Stelle (Duration) yrs. mos. ds.
10 NAME OF FATHER LEO, Wighton  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Rose LANGUE  13 BIRTHPLACE	(Signed)
OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL
Filed Feb 9th 1915 - 18. Fairbrusk REGISTRAR  If more blanks are needed, address State Registrar	Eli Junsley Eastre Md.  Strar, 6 E. Franklin St., Balton diequesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of...... (name origin; "Can-"Coutributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secoudary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS

See instructions on back of certificate.

Important.

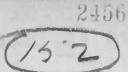
N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

1	PLA	CE	OF	DE	ATH

County Talbot



#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
Village or City Dilghmen (No., -, -)	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or RAGE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  Amount (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  74 5 19/5  (Month) (Day (Year)	that I last saw have alive on 7th 5th 191
7 AGE If LESS than t day, 3. hrs.  yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at 20 m, The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Formature birth = living & hours (Buration) yrs mas ds.
which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Throng Yrages	Contributory Secondary  (Duration) yrs mos ds.  (Signed) S. Hennes Welson, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME Armie doilly OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE Del dir OF MOTHER (State or country) Hoofred es	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?  Former or usual residence.
(Address). Velg terslar Ink	Informan Hed Jak 1911
Filed Folk 1915 97 Jechowaco Focas REGISTRAR	20 UNDERTAKER parks Stillicharbille
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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